Abstract 727

TITLE: Resurgence Of Syphilis And Gonorrhea In Men Who Have Sex With Men, Seattle-King County, Washington.

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By 1996, infectious syphilis had been eliminated from King County, WA, which includes Seattle, but there were 19 reported cases in 1997, 42 in 1998, and 24 through March 1999. The proportion of cases in MSM rose from 4 (21%) of 19 in 1997 to 56 (85%) of 66 cases in 1998 and 1999 ($P<0.01$). The median age of MSM with syphilis was 35 yr (range 20-56 yr). Among the 60 infected MSM, HIV infection was present in 35 (66%) of 53 whose HIV status was known; HIV was diagnosed contemporaneously with syphilis in two others. Based on an estimate that 40,000 MSM reside in King County, the incidence of early syphilis per 100,000 MSM rose from zero in 1996 to 10 in 1997 and 85in 1998, and the annualized incidence in 1999 approximates 210 cases per 100,000 (1,470 per 100,000 in HIV-infected MSM).
Gonorrhea in MSM attending the public STD clinic rose from 64 cases in 1997 to 148 in 1998 (+131%); for both years, the median age was 33 yr (range 20-56 yr) and 17%were known to be HIV-positive. Rectal gonorrhea in males outside the STD Clinic rose from 6 reported cases in 1997 to 25 in 1998. The minimum incidence of gonorrhea per 100,000 MSM, based on STD clinic cases plus male rectal infections elsewhere, was 175 in 1997 and 433 in 1998, compared with 49 per 100,000 heterosexual men and women in 1998.

Data on sexual partnerships were provided by 48 (80%) of the 60 MSM with infectious syphilis. During the probable acquisition/transmission interval (mean, 6 mo), these 48 men acknowledged 651 sex partners, of whom 580 (89%) were met at anonymous venues such as bath houses; 37 men (77%) acknowledged sex with at least one anonymous partner. Expanded prevention activities have been implemented and behavioral and ecological studies are underway to elucidate the determinants of these trends. Partner notification has had little impact; only 5 (8%) of the 60 syphilis cases in MSM were identified through partner notification.

The reasons for these trends are unknown, but a proximate cause undoubtedly is an increased frequency of unprotected sex among some MSM, often in bath houses or other anonymous venues. Anecdotal reports suggest that such behaviors may be linked to improved HIV treatment or changing patterns of drug use. The age distribution of MSM with syphilis or gonorrhea implies that relapse in sexual safety among older men may be an important determinant.

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